PART B - FEE(S) TRANSMITTAL

en vid di		d this form, together v		or <u>Fa</u>	Commissioner a P.O. Box 1450 Alexandria, Vir (571)-273-2885	or Patents ginia 22313-1450	
7 sp. n.	mintenimee ice nouticade	313.		UE FEE and PUB orders and notificat a) specifying a new		uired). Blocks I through 5 will be mailed to the currents; and/or (b) indicating a se-	
<i>p</i>	7590 04/04/2006 L. C. Begin & Associated, PLLC 510 Highland Avenue PMB 403		f any obsenge of address)	SIPE	Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certification.	f mailing can only be used his certificate cannot be used and puper, such as an assignment of mailing or transmission.	for domestic mailings i for any other second nent or formal drawing
			JUL JUL	0 5 2006	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an er addressed to the Mail Stop ISSUE FEE address above, or being fa transmitted to the USPTO (571) 273-2885, on the date indicated below.		
2006	6 MEHRENE WIOWS 5 09664130 1400.00 OP		12	ر کی ا	C. GAIL BO	7E.\$	(Dupositor) (Sig
1501			NE TRA	DEMARK	C. M.		
					7-5-	06	
Γ	APPLICATION NO.	APPLICATION NO. FILING DATE		TERET NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
	09/664,130	0 09/18/2000		Graylon K. Will	ems ·	G10-004-US	3988
4	APPLN, TYPE	SMALL ENTITY NO	ISSUE F		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 07/05/2006
Ţ <u>:-</u>						7	***************************************
- f	EXAMINER MITCHELL, KATHERINE W		ART UN 3677		CLASS-SUBCLASS 149-019200	J	
-		to address or indication of "Fe			the patent front page, li	<u> </u>	
	Change of correspond Address form PTO/SB/12			(2) the name of a	single firm (having as a		Begin &
 	Tree Address* indicated PTO/SB/47; Rev 03-02 of Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form : of a Customer	registered attorn 2 registered pate listed, no name v	ey or agent) and the name it attorneys or agents. If will be printed.	es of up to	
3. A	"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND	tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignce is identified be 137 CFR 3.11. Completion (tion form of a Customer E PRINTED ON Telow, no assignce of this form is NOT	registered attorns 2 registered pate listed, no name v HE PATENT (print data will appear on I a substitute for fili	ey or agent) and the name at attorneys or agents. If will be printed.	no name is 3 ASSOC	ciates, PI
3. A	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignce is identified be 137 CFR 3.11. Completion (tion form: of a Customer E PRINTED ON Tellow, no sessigned of this form is NOT	registered attorn 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for filit (B) RESIDENCE:	ey of agent) and the name that one of the second of the se	no name is 3 ASSOC	ciates, PI
3. 4	"Fcc Address" indicat PTO/SB/47; Rcv 03-02 c Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unicse recordation as set forth in (A) NAME OF ASSIGNI	tion (or "Fee Address" Indicator more recent) attached. Use the RESIDENCE DATA TO B an assignce is identified be a 7 CFR 3.11. Completion of EE	etion form of a Customer E PRINTED ON T clow, no essigned of this form is NOT aborator	registered attorn 2 registered pute listed, no name v HE PATENT (print data will appear on a substitute for fill (B) RESIDENCE:	ey of agent) and the name to attempt or agents. If the printed. or type) the patent, If an assigning an assignment. (CITY and STATE OR (CITY and STATE OR (CITY and STATE)	nes of up to no name is 3 ASSOC nec is identified below, the d	lichigan
3. A	"Fcc Address" indicat PTO/SB/47; Rcv 03-02 c Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unicse recordation as set forth in (A) NAME OF ASSIGNI	tion (or "Fee Address" Indicator more recent) attached. Use the property of th	tion form: of a Customer E PRINTED ON T slow, no assigned a of this form is NOT aborator ties (will not be pri	registered attorn 2 registered pute listed, no name v HE PATENT (print data will appear on a substitute for fill (B) RESIDENCE:	ey or agent) and the name that one control or agents. If the printed. or type) the patent, If an assigning an assignment, (CITY and STATE OR (Farming Individual 20 Ca	no name is 3 ASSOC no name is 3 ASSOC ncc is identified below, the d country)	lichigan
3. A	"Fee Address" indicat PTO/SB/47: Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI asse check the appropriate The following fee(s) are a lissue Fee	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO B is an assigned is identified be in 37 CFR 3.11. Completion (EE VE Systems L c assigned category or category enclosed:	ation form: of a Customer E PRINTED ON T clow, no assigned of this form is NOT aborator nics (will not be pri	registered attorm 2 registered pate 1 registered pate 1 isted, no name v HE PATENT (print data will appear on a substitute for fili (B) RESIDENCE: Y, Inc. Payment of Fee(s) A check in the s	ey or agent) and the name to attorneys or agents. If the total printed. or type the patent, If an assign as a assignment. (CITY and STATE OR (Farmine Individual 20 Commonst of the foc(s) is on a constant of the foc(s) is on the state of the state	no name is 3 ASSOC acc is identified below, the decountry) gton Hills, M or portation or other private gre closed.	lichigan
3. A	"Fee Address" indicat PTO/SB/47: Rev 03-02 o Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI asse check the appropriate The following fee(s) are of Issue Fee Publication Fee (No se	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO B is an assigned is identified be in 37 CFR 3.11. Completion (EE VE Systems L c assigned category or category enclosed: mall entity discount permitte	tion form: of a Customer E PRINTED ON T clow, no assigned of this form is NOT aborator rics (will not be pri 4b. d)	registered attorm 2 registered pate v 2 registered pate v HE PATENT (print data will appear on a substitute for filt (B) RESIDENCE: Y, Inc. Payment of Fee(s): A check in the se Psyment by cree The Director is	ey or agent) and the name to attorneys or agents. If all be printed. or type) the patent, If an assigning an assignment. (CITY and STATE OR (Farming Individual 20 Co	no name is 3 ASSOC no name is 3 ASSOC no is identified below, the d COUNTRY) Grown Hills, M proporation or other private gro closed, is attached, ree the required fee(s), or cree	locument has been fill ichigan oup entity Govern
3. 4	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation us set forth in (A) NAME OF ASSIGNI AUTOMOTI asse check the appropriate The following fee(s) are Issue Fee Publication Fee (No st	tion (or "Fee Address" Indictor more recent) attached. Use the part of the par	etion form: of a Customer E PRINTED ON Tellow, no assigned of this form is NOT a borator ties (will not be pri 4b.	registered attorm 2 registered pate 1 registered pate 1 insted, no name v HE PATENT (print data will appear on a substitute for fili (B) RESIDENCE: Y, Inc. Payment of Fee(s) Payment by crei	ey or agent) and the name to attorneys or agents. If all be printed. or type) the patent, If an assigning an assignment. (CITY and STATE OR (Farming Individual 20 Co	no name is 3 ASSOC no name is 3 ASSOC no is identified below, the d COUNTRY) Grown Hills, M proporation or other private gro closed, is attached, ree the required fee(s), or cree	locument has been fill lichigan bup entity Goven
3. A	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI asse check the appropriate The following fee(s) are of Issue Fee Publication Fee (No se Advance Order - # of	tion (or "Fee Address" Indicator more recent) attached. Use O RESIDENCE DATA TO B is an assigned is identified be a 7 CFR 3.11. Completion of EE Ve Systems L : assigned category or category enclosed: mall entity discount permitter f Copies (from status indicated above)	etion form of a Customer E PRINTED ON T clow, no assigned a of this form is NOT a borator description of the printer (will not be printed)	registered attorm 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for filt (B) RESIDENCE: Y, Inc. nued on the putent) Payment of Fee(s): A check in the s Payment by cre The Director is I Deposit Account	ey or agent) and the name to attempt or agents. If the printed. or type) the patent, If an assigning an assignment, (CITY and STATE OR (CITY and STATE OR (Individual A) Commount of the foc(s) is endit eard. Form PTO-2038 increby authorized by challength or a significant of the focks of the	nes of up to no name is 3 ASSOC and name is 3	locument has been fill ichigan oup entity Govern
3. A () () () () () () () () () ("Fee Address" indicat PTO/SB/47; Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI. The following fee(s) are a succession of the succession of the feet of the f	tion (or "Fee Address" Indicator more recent) attached. Use the property of th	etion form: of a Customer E PRINTED ON T clow, no assigned a of this form is NOT a borator db. db. d) 7 CFR 1.27.	registered attorm 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for filt (B) RESIDENCE: Y, Inc. nued on the putent) Payment of Fee(s): A check in the s Psyment by cre The Director is a Deposit Account	ey or agent) and the name to attempt or agents. If the printed. or type) the patent, If an assigning an assignment, (CITY and STATE OR (Farming) Individual 20 Commount of the foc(s) is endit eard. Form PTO-2038 increby authorized by challed the longer claiming SMAI	no name is 3 ASSOC no name is 3 ASSOC no is identified below, the d COUNTRY) Grown Hills, M proporation or other private gro closed, is attached, ree the required fee(s), or cree	lichigan oup entity Govern dit any overpayment, a copy of this form).
3. A Control of the C	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI. The following fee(s) are a succession of the succession of the feet of the f	tion (or "Fee Address" Indicator more recent) attached. Use the property of th	etion form: of a Customer E PRINTED ON T clow, no assigned a of this form is NOT a borator db. db. d) 7 CFR 1.27.	registered attorm 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for filt (B) RESIDENCE: Y, Inc. nued on the putent) Payment of Fee(s): A check in the s Psyment by cre The Director is a Deposit Account	ey or agent) and the name thattorneys or agents. If that the patent of the patent, if an assignment, if an assignment of the fact of the farming an assignment of the fact of	nes of up to no name is 3 ASSOC and name is 3	lichigan oup entity Govern dit any overpayment, a copy of this form).
3. A	Tree Address" indicat PTO/SB/47: Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI. The following fee(s) are of Issue Fee Publication Fee (No see Advance Order - # of Change In Entity Status In Ent	tion (or "Fee Address" Indicator more recent) attached. Use the property of th	ation form: of a Customer E PRINTED ON T E PRINTED ON T aborator aborator fics (will not be pri 4b. d) 7 CFR 1.27. Fee and Publication and Trace profits and Trace profits 17 Trace profits 18 Trace profits 18 Trace profits 19 Trace profits 19 Trace profits 10 Trace profits 10 Trace profits 10 Trace profits 11 Trace profits 12 Trace profits 13 Trace profits 14 Trace profits 15 Trace profits 16 Trace profits 17 Trace profits 17 Trace profits 18 Trace profits 18 Trace profits 19 Trace profits 19 Trace profits 10 Trace profits 11 Trace profits 12 Trace profits 12 Trace profits 13 Trace profits 14 Trace profits 15 Trace profits 16 Trace profits 17 Trace profits 17 Trace profits 18 Trace p	registered attorm 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for filt (B) RESIDENCE: Y, Inc. nued on the putent) Payment of Fee(s): A check in the s Psyment by cre The Director is a Deposit Account	ey or agent) and the name that orneys or agents. If an assign the patent, If an assign as a assignment. (CITY and STATE OR (Farming Individual 20 Commons of the fee(s) is en a fit card. Form PTO-2038 are by authorized by chair number to longer claiming SMAI or apply any previously than the applicant; a regional	ces of up to no name is 3 ASSOC and no name is 3 ASSOC and is identified below, the decountry) Ston Hills, Margorithm or other private great closed. It is attached. It is at	locument has been file Iichigan oup entity Govern dit any overpayment, a copy of this form).
3. A least the NO interest this Box	"Fee Address" indicat PTO/SB/47: Rev 03-02 of Number Is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI AUTOMOTI ase check the appropriate The following fee(s) are of Issue Fee Advance Order - # of Issue Fee and Publication Fee (No start as shown by the recordation of the USPTO TE: The Issue Fee and Purest as shown by the recordation. Confidentially form and/or suggestions (1450, Alexandria, Virginia 22313-184).	tion (or "Fee Address" Indicator more recent) attached. Use or more recent) attached. Use of RESIDENCE DATA TO Be an assignee is identified be a 77 CFR 3.11. Completion of the Copies. In assignee category or category enclosed: In all entity discount permitter of Copies. If copies. If required to apply the Issue ublication Fee (if required) words of the United States Pate aurence of the United States Pate aurence of the Copies. In is required by 37 CFR 1.31 ty is governed by 35 U.S.C. phication from to the USPT (for reducing this burden, shuits 22313-1450. DO NOT \$1450.	egin The information and Tradeport The printer of this form is NOT aborator aborat	registered attorm 2 registered pate listed, no name v HE PATENT (print data will appear on a substitute for filt (B) RESIDENCE: Y, Inc. nted on the putent) Payment of Fee(s): A check in the s Payment by cre The Director is In Deposit Account b. Applicant is a longer (if any) or to from sayone other office.	ey or agent) and the name that orneys or agents. If an assign that the patent, If an assign as a assignment, (CITY and STATE OR (Farming Individual Modern Pro-2018 in card. Form Pro-2	co of up to no name is 3 ASSOC and no name is 3 ASSOC and is identified below, the decountry) Ston Hills, Market and Hills, Market and COUNTRY) Closed. It is attached. It i	dit any overpayment, a copy of this form). FR 1.27(g)(2). Lion identified above, as assignee or other paragraphs of the USPTO to programme you require to compartment of Commerce, for Patents, P.O. Box 1